

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

10502031

Filing Date

Applicant(s) **Jonathan Heeney**

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7		1				
8		1				
9		1				
10	1					
11		1				
12		1				
13		1				
14		1				
15	1					
16		1				
17		1				
18		1				
19		1				
20	1					
21		1				
22		1				
23		1				
24		1				
25	1					
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		2				
33						
34						
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44						
45						
46						
47						
48						
49						
50						
Total Indep.	6		0		0	
Total Depend	27	↙	0	↙	0	↙
Total Claims	33		0		0	

	Indep	Depend	Indep	Depend	Indep	Depend
51						
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